

Home Delivery: Court Upholds Legal Sanctions Against Unlicensed Midwife.

The mother and father did not want to go to the hospital and did not want a doctor or a nurse to deliver their baby. They opted for a home birth with a self-styled midwife. They knew she was not licensed and knew the state Department of Regulation had issued an administrative cease-and-desist order against her forbidding the unlicensed practice of midwifery.

The baby presented feet-first. The delivery was very difficult and the baby was not breathing. After ten minutes they called 911. The police also responded and confiscated a videotape that was being made of the birth.

The Appellate Court of Illinois issued a civil injunction against any further unlicensed practice. The court used this case as an opportunity to emphasize the importance of the state law requiring all licensed midwives to be registered nurses or advanced nurse practitioners. People v. Cryns, 763 N.E. 2d 904 (Ill. App., 2002).

Health Maintenance Organization: Court Finds Fault With Visiting Nurse.

The patient and her husband filed a lawsuit against their health maintenance organization (HMO) claiming the patient was discharged and sent home from the hospital too soon after routine childbirth.

The HMO's policy was to see that the mother was out of the hospital no later than twenty-four hours after an uncomplicated vaginal delivery.

The New York Supreme Court, Appellate Division, refused to fault the HMO's policies. As long as the HMO allowed payment for visiting pediatric nurse visits the HMO fulfilled its responsibility. The court went on to rule that the nurse, an independent contractor, was at fault. She failed to appreciate that the baby's jaundice required he be taken to the doctor's office immediately but instead told the mother to wait and see until the next morning. Jones v. US Healthcare, 723 N.Y.S.2d 478 (N.Y. App., 2001).

Thrombolytic Therapy: Cardiologist Faults Nurse For 15 – 18 Minute Delay In Starting Infusion.

A patient sued the hospital and the hospital's emergency room nurse for negligence. He claimed the nurse unreasonably delayed the start of thrombolytic therapy ordered by the emergency room physician shortly after the patient presented with symptoms of an acute myocardial infarction.

The plaintiff's expert witness was the physician who treated him in the emergency room, who happened to be a board-certified cardiologist.

The hospital argued in its defense that the cardiologist, a physician with no background in nursing, was not qualified to render an opinion as an expert on nursing standards. Without an expert witness testifying against them the hospital argued they were entitled to have the case dismissed.

In this case a cardiologist was qualified to testify that the nurse was negligent.

It is absolutely critical to the success of the patient's medical care during or following a heart attack that infusion of a thrombolytic agent be started as quickly as possible after it is ordered by the physician. That is a medical judgment and there is no room for a nurse's discretion when to start the medication.

APPELLATE COURT OF ILLINOIS, 2002.

The trial judge did dismiss the case, but the Appellate Court of Illinois overruled the dismissal. The Appellate Court went into great detail about the benefit of thrombolytic therapy to a heart attack patient. It can dissolve a blood clot in the heart and allow circulation to return to the affected area preventing the area from suffering permanent ischemic damage.

The Appellate Court accepted the physician's testimony that the nurse's delay of 15 to 18 minutes could have the potential to compound the patient's injuries. According to the court, a nurse does not have to monitor the patient during the infusion process, but must see that it is started as quickly as possible. Moyer v. Southern Illinois Hosp. Service, 764 N.E. 2d 155 (Ill. App., 2002).